

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M64879 (3)

1. Corporation Name

TOTAL QUALITY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

3216 STONEYBROOK LN.  
TAMPA FL 33618  
US

3216 STONEYBROOK LN.  
SUITE #7  
TAMPA FL 33618  
US

3. Date Incorporated or Qualified

01/15/1988

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2862428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTER, C. MICHAEL  
201 E. KENNEDY BLVD.  
SUITE 1400  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and their applicator)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ DELETE  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ DELETE  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ DELETE  
7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY - ST - ZIP

☐ Change ☐ Addition  
8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY - ST - ZIP

☐ DELETE  
9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY - ST - ZIP

☐ Change ☐ Addition  
10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY - ST - ZIP

☐ DELETE  
11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY - ST - ZIP

☐ Change ☐ Addition  
12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Noreen Koehler* NOREEN KOEHLER

1/26/96 (813) 960-5065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)